OES GRANT AWARD MODIFICATION

Check correct branch:

OFFICE OF EMERGENCY SERVICES (OES) MAIL TO:

Grant Award #:

3650 SCHRIE	VER AVE
MATHER, CA	95655

MATHER, CA 95655	Public Salety Branch victim Services Branch	Modification #:
3.		
4. Project Title:		
5. Contact Person:	Phone:	Fax:
Email Address:	Grant Period:	to
7. Payment Mailing		Check here if new.
	o Davisian ta Budest	

8. Revision to Budget

8. Revision to Budget									
Current Allocation	Grant Funds				Required Match				
(CA) Select Acronym from list	A. Personal Services	B. Operating Expenses	C. Equipment	Fund Total	A. Personal Services	B. Operating Expenses	C. Equipment	Match Total	Total
Proposed Change (PC)									
Revised Allo	ocation (RA)			=			-		
							•		

9. Justification for Modification: (If necessary, continue the justification on page 3.)

10. Local Approvals							
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Ducie at Discotor (tomord second)			Figure 2 Officer (toward acres)				
Project Director (typed name)			Financial Officer (typed name)				
Project Director Signature		Date:	Financial Officer Signature	Date:			
OES USE ONLY							
OES Approval Signatures							
				<u>.</u>			
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Program Specialist		Date:	Section Chief	Date:			
Grants Processing	Date:						

OES GRANT AWARD MODIFICATION

FORM 223 INSTRUCTIONS

GENERAL INSTRUCTIONS – This form must be used for the following types of modification requests:

- Budget Revisions
- Increases/Decreases to Grant Funds*
- Reporting Project Income
- Change in Program Objectives
- Agency Name Change*

- Grant Extensions*
- Sole Source Requests
- · Change of Project Director or Financial Officer
- Change in Mailing Address

1. GRANT AWARD NUMBER

Enter the Grant Award number as it appears at the top of the approved "Grant Award Face Sheet."

2. MODIFICATION NUMBER:

Enter the number of this request. Each modification must be consecutively numbered starting with #1.

3. RECIPIENT/IMPLEMENTING AGENCY:

Enter the grant recipient and implementing agency names as they appear on lines 1 & 2 of the approved "Grant Award Face Sheet".

4. PROJECT TITLE:

Enter the project title as it appears on the approved "Grant Award Face Sheet".

5. CONTACT PERSON:

Enter the name, phone, fax, and email address of the person to contact regarding questions on this form.

6. GRANT PERIOD

Enter the approved grant period giving the start and end dates for the grant award as shown on line #4 of the "Grant Award Face Sheet" or as revised by an approved grant award amendment.

7. ADDRESS:

Enter the permanent mailing address where the recipient payments are to be mailed. Check the "NEW" box if there is a change in the address.

8. REVISION TO BUDGET:

If this modification affects the budget, select the grant year and program acronym from the drop down lists under Current Allocation (if unsure what the acronym is, see the chart below) for the Federal grant OR State grant to which the modification applies in the column heading. Enter the current allocation amounts for each category and the corresponding match amount if any. Enter the proposed amounts (remember to use a (-) if you are subtracting). The revised allocation amounts will appear in the Revised Allocation (RA). When you have completed your revision check the "check when completed" box. If you need to make changes to the budget, uncheck the box, enter your changes then re-check the box.

9. JUSTIFICATION FOR MODIFICATION:

Explain the need for this modification. If requesting a revision to the budget, be specific of the funding source. Additional space is provided on page 3 to continue the justification if necessary.

10. LOCAL APPROVAL NAME AND SIGNATURES:

Please type the names of and provide original signatures for the Project Director and the Financial Officer as shown on the "Signature Authorization Form." This is a requirement for all modification requests.

FEDERAL PROJECT ACRONYMS							
AGIC	Anti-Gang Initiative - Central	BYRN	Byrne State / Local Law Enforce Assist	FVPS	Family Violence Preventive Services	PSNN	Project Safe Neighborhood - Northern
AGIE	Anti-Gang Initiative -Eastern	CJAS	Child Justice Act	JAG	Justice Assistance Grant	RSAT	Residential Sub Abuse Treatment
AGIN	Anti-Gang Initiative -Northern	DVCV	Rural Domestic Violence / Child Victim	LLEB	Local Law Enforcement Block Grant	VAWA	Violence Against Women Act – Services*Training* Officers*Prosecutors(STOP)
SCAGI	Six-City Anti-Gang Initiative	FSIA	Forensic Sciences Improvement	MCPP	Mentoring Children of Prisoners	VOCA	Victims of Crime Act
BVPP	Bulletproof Vest Partnership Program	FSID	Forensic Sciences Improvement Discretionary	PSNC	Project Safe Neighborhood - Central		
STATE PROJECT ACRONYMS							
CSAE	Child Sexual Abuse / Exploitation	нтт	High Technology Theft	RCP-GF	Rape Crisis Program- Gen Fund	VLRC	Victims Legal Resource Center
CSAP	Child Sexual Abuse Prevention/Training	HY	Homeless Youth	RCP	Rape Crisis Program - Fund 0425	VPBG	Vertical Prosecution Block Grant
DV	Domestic Violence	MAGE	Multi-Agency Gang Enforcement	RLCP	Rural Crime Prevention	VWA	Victim Witness Assistance
EMT	Evidentiary Medical Training	PPD-GF	Public Prosecution / Defend - Gen Fund	RP	Rape Prevention	WOM	War on Methamphetamine
FV	Family Violence	PPD	Public Prosecution / Defend - Fund 0241	RPED	Rape Prevention - Education	YET	Youth Emergency Telephone
GVS	Gang Violence Suppression						

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8	Justification	for	Modification ((cont)	
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